

**Alaska Department of Revenue
Permanent Fund Dividend Division
Licensed Health Care Provider
Certification of Disability**

PFD Division Use Only

20210

In order for the Department of Revenue to complete the processing of your 2021 Disabled Permanent Fund Dividend (PFD) application, you must have a licensed health care provider complete the information below. You must sign the release before you give it to your health care provider. Send this completed form **with your application** to the address below.

Applicant

Printed Name		Daytime Telephone Number
Social Security Number	Date of Birth	Message Telephone Number
Mailing Address		Email Address
City	State	Zip Code

I was disabled **on March 31, 2021** and I authorize the licensed health care provider listed below to release information regarding my disability to the Alaska Department of Revenue.

Signature of Patient (Applicant)	Date
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For purposes of this statement, "**disabled**" means physically or mentally unable to complete and sign a (Permanent Fund Dividend) application due to a serious emotional disturbance, visual, orthopedic, or other health impairment, or developmental disability that is attributable to intellectual disability, cerebral palsy, epilepsy, autism or other cause. Disabled does not mean incompetent. (AS 43.23.095(2))

This is to certify that the patient (applicant) named above is a patient of mine. I certify that the patient was disabled, as defined above, **on March 31, 2021** and that as a result of the disability the patient was unable to timely file a 2021 Permanent Fund Dividend application by March 31, 2021.

Signature of Licensed Health Care Provider	Date
Printed Name of Licensed Health Care Provider	
Mailing Address of Licensed Health Care Provider	Telephone Number
City, State, Zip Code	
Briefly describe condition of patient on March 31, 2021:	

Send this completed form to: **Alaska Department of Revenue
Permanent Fund Dividend Division
PO Box 110462
Juneau, Alaska 99811-0462**